

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Stree Providence, RI 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 73402 C-N-J Installers, Inc. 3. Street Address Principal Business Office State 109 Higginson Avenue Lincoln RI 02865 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 334-2202 RHODE ISLAND 7880 Brief Description of the Character of Business Conducted in Rhode Island TO INSTALL OFFICE FURNITURE. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Christopher J. DiSpirito Mary Ann DiSpirito Street Address Street Address 109 Higginson Avenue 109 Higginson Avenue RΙ 02865 Lincoln Lincoln RΙ 02865 Secretary Name ************* Mary Ann DiSpirito Mary Ann DiSpirito Street Address 109 Higginson Avenue Street Address 109 Higginson Avenue Zip Lincoln RI02865 Lincoln RI 02865 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Christopher J. DiSpirito Street Address Street Address 109 Higginson Avenue City State 2ip RI 02865 Lincoln Director Name Street Address Street Address Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2,000 COMM NO PAR VALUE No Par Value 100 Shares Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	2-3-05
Check No	4948
Ву:	a
FOR	SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm that I have examined thi	s repo	'n
including any accompanying schedules and statements, and that all sta	itemer	nt
contained herein are true and correct.	į.	3
Olita 0 DT 101 12/2/1	_ے ا	į

Signature of Officer Date

Christopher J. DiSpirito

Print or Type Name of Officer

President

Title of Officer

Form 630 Rev. 12/03



File Date

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 73402 C-N-J Installers, Inc. 3. Street Address Principal Business Office 109 Higginson Avenue RΙ 02865 Lincoln 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 334-2202 RHODE ISLAND Brief Description of the Character of Business Conducted in Rhode Island TO INSTALL OFFICE FURNITURE. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Christopher J. DiSpirito Mary Ann DiSpirito Street Address Street Address 109 Higginson Avenue 109 Higginson Avenue City RΙ 02865 02865 Lincoln RI Lincoln Treasurer Name Secretary Name Mary Ann DiSpirito Mary Ann DiSpirito Street Address 109 Higginson Avenue 109 Higginson Avenue 02865 RΙ RI02865 Lincoln lincoln 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Christopher J. DiSpirito Street Address Street Address 109 Higginson Avenue City State Street Address Street Address State City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 100 No Par Value Common 2,000 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements

Signature of Officer

Christopher J. DiSpirito

Print or Type Name of Officer

President

Title of Officer

Form 630 Rev. 12/03

contained herein are true and correct



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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(FORM MUST BE TYPED OR PI	RINTED IN BLACK)				
1. Corporate ID No.	2. Name of Corpor				
73402	C-N-J Insta	llers, Inc.			
3. Street Address Principal Busin			City	State	Zip
109 Higginson	Avenue		Lincoln	RI	02865
(401) 334-220	2	5. State of Incorpor	ation		6. SIC Code
		RHODE ISL	AND		7880
7. Brief Description of the Chara					
Office furnitu					
8. NAMES AND ADDR President Name	ESSES OF THE OFF	ICERS ("X" BOX FOR A		ES BEFORE USING ATTA	CHMENTS
Christopher J.	DiSpirito		Vice President Name		
Street Address	510p11100		Mary Ann Dis Street Address	pirito	
109 Higginson A	\venue			n Augus	
City	State	Zip	109 Higginso	N AVENUE State	~ !
Lincoln	RI	02865	Lincoln	RI	Zip
Secretary Name			Treasurer Name	1/1	02865
Mary Ann DiSpir	ito		Mary Ann Dis	oirito	
Street Address			Street Address		
109 Higginson A	venue		109 Higginson	n Avenue	
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
Director Name	0.00		Director Name		
Christopher J.	DiSpirito				
Street Address			Street Address		
109 Higginson A					
City	State	Zip	City	State	Zip
Lincoln Director Name	RI	02865			
Director Name			Director Name		
Street Address			Street Address		
			Street Address		
City	State	Zip	City	State	715
,		,	V,	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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	3.20.03
File Date:	4841
Зу:	di
OR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Classification of Officer 03/19/03

Signature of Officer Date

<u>Christopher J. Dispirito</u>
Print or Type Name of Officer

President

Title of Officer
5

Form 630 12/02



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



Form 630 12/01

riting retion: jui	nuary 1-March 1 •	Filing Fee: \$50.00			INSTRUCTIO
(FORM MUST BE TYPED	IN BLACK)				
1. Corporate ID No.	2. Name of Corporat	ion			
73402 3. Street Address Principal E	Business Office	INSTALLE	15, INC.	State	71.
	sterville K		WAYWIC		0288C
7. Brief Description of the C	32-6167 haracter of Business Conducted in		Island		6. SIC Code 7880
	Furniture		tian		
President Name	DRESSES OF THE OFFIC	LERS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
Street Address	pher J. K	Spirito	Marya	NN ViSpil	To
27 SA	herman A	verue	27 Sh	erman Av.	enue
Lincoln	RI	02865	LINCOLA	State RL	21p 02865
John P	. DiSpirito		Treasurer Name MATYANN	1 Pispirito	
63 Wa	odbury Str.	ect	, ,	MAN AVEN	
PAWTucke	T State (RI	2ip 02861	LINCON	State VE I	02865
9. NAMES AND ADE Director Name	DRESSES OF THE DIREC	CTORS ("X" BOX FOR AT	the second secon	CES BEFORE USING AT	FACHMENTS
A .	1 7 1		Director Name		
Street Address	pher J. Di	Spirito	Street Address		
city 27 Shew	rugs Aver	vue_	City	State	Zip
Liveo W Director Name	RI	02865	Director Name		
treet Address			Street Address	•	en e
Sity	State	Zip	City	State	Zip
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nis report must be s	igned in ink by either	the President, Vice	President, Secretary, As	sistant Secretary. Treas	urer. Receiver or Truste

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FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
APR 2,6, 2002 70	that all statements contained herein are true and correct.
BV 277039	Christing Pot 400/cd
heck No.:	Signature of Officer Date
07/11/2000	Christoplan J Viforto
y:	Print or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	resident
	Title of Officer
	5 Form G30 12/01



Edward S. Inman, III, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT	CORPORATION	ANNUAL REPORT	FOR	THE	YEAR :	2001
Filing Period	: Ianuary 1-March 1 •	Filing Fee: \$50 00	- 0 10		1 11 11 11	2007



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(FORM MUST BE TYPED I	IN BLACK)				
1. Corporate ID No.	2. Name of Corpore				
3. Street Address Principal Bi	usiness Office	INSTALL	ers Inc.	State	Zip
	Terville Ke		WARWICE		02886
(401) 73	2-6167		Island		6. SIC Code 7880
7. Brief Description of the Ch	2-6/67 naracter of Business Conducted	in Rhode Island	USIANO		7000
8. NAMES AND ADD	WINITURE 2	LNSTALLATI	ON PACIFICATION FILE IN STACE	eë beeadu vodici ayro	
President Name	ALIGHE OF	CERS (A BOAFOR ATT	Vice President Name	ES BEFURE USING ATT	ACHMENTS
Street Address	er J. DiSp	irito	Mary A. Street Address	NN Di-Spil	110
city 27 Sher	ORLAN AVER	Vue	27 5h	ernan A.	venue
Lincoln,	RI	02865	Lincol	W, RI	02865
Secretary Name John P	? W.Spiri	10	Treasurer Name	0 0	
Street Address	odbury s		Street Address	,	
City 23 Wood	sacoury 5	Treel	City 27 She	rman Ave	NUC
PAWTuck	et RI	02861	HNCOLN	RI	Zip 02865
9. NAMES AND ADD	RESSES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Director Name	1 71	C —	Director Name	· ·	
Street Address		SpiriTo	Street Address		- · · · · · · · · · · · · · · · · · · ·
27 She	vman Avi	evue	:		
City	State		City	State	Zip
Lincolu, Director Name	YEZ	02865	to the state of the control of the state of		K 33
Sirector Nume			Director Name		
Street Address			Street Address		The state of the s
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Dity	State	Zip	City	State	Zip C
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his report must be si	igned in ink by eithe	er the President Vice	President Secretory Ac	sistant Committee Ture	

T in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	FILED	77, 44	Under penalty of perjury, I declare and affire this report, including any accompanying sch	edules and statements, and
ile Date:	APR 2 6 2002	<u>50° NA 35 N N 11 038 , </u>	that all statements contained herein are true	and correct.
Theck No.: B	1- 377639	3/V25 3 1 1 1 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature of Officer Chr. Stopher J D. Spir. to Print or Type Name of Officer	Date
y:OR SECRETARY OF	STATE USE ONLY	MANIMARY	President	
			Title of Officer 5	Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION	ANNUAL REPORT	FOR TH	HE YEAR	2000
Filing Period: Ianuary 1-March 1 •	Filing Fee: \$50 00			

(FORM MUST BE TYPEI	O IN BLACK)				
1. Corporate ID No.	2. Name of Corpora				
7340 3. Street Address Principal	2 Business Office C-N-J	INSTALLE,	S, INC.	State	Zip
63 C	enterville K	ord	WATEN		1 2886
4. Business Phone No.		5. State of Incorporati	on		6. SIC Code
	32-6/67 Character of Business Conducted in		•		7880
OFFICE 8. NAMES AND AD	Furniture DDRESSES OF THE OFFI	INSTALLAT CERS ("X" BOX FOR ATT	CACHMENT) FILL IN SPACE	TES REFORE LISTING ATTA	CHARLENING
President Name			Vice President Name	ES BEFORE USING ATTA	CHMENIS
	her J. N.S.		Street Address	NN DiSpiriT	6
_{city} 27 Sh.	erman Aven I RI	INC	27 Sh.	erman Aver	vue.
Secretary Name) RI	02865	Treasurer Name	W RI	02865
John P. Street Address	Di SpiriTo		MaryA	NN DESPITA	TO
city 63 WE	odbury 57	reet	. 1	rman Aven	
PAWTUCE NAMES AND AD	KET RI	0286/	Lincoll	N RI	02865
Director Name	DRESSES OF THE DIREC	LIOKS ("A" BOX FOR A	TTACHMENT) FILL IN SPA	ACES BEFORE USING ATT	ACHMENTS
Christop itreet Address	pher J. Dis	pirito	Street Address		
27 Sher	man Ave	nue		<u>.</u>	
Lincoln	RI	0286	City	State	Zip
Director Name	7.4	0,-00,	Director Name		
treet Address			Street Address		
lity	State				
,	State	Zip	City	State	Zip
O. SHARES AUTHO	RIZED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)
umber of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value -
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ils report must be	signed in ink by either	the President, Vice	President, Secretary, As	sistant Secretary, Treasu	irer, Receiver or Truste

FILED	Under penalty of perjury, I declare and affirm this report, including any accompanying sche	that I have examined
ile Date: APR 2 6 2002	that all statements confained herein are true a	and correct.
heck No.: By CC 39	Christil & Deficit	4/8/v3
ν.	OBALLE Christophar J D. Spir, to	
OR SECRETARY OF STATE USE ONLY	Presiden+	
	Title of Officer	F (30 13/0)



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLA	ICK)	•		0	TXSTRUCTBOXS
1. Corporate ID No. 73402	2. Name of Corporation C-N-J Install		The first of the second		
3. Street Address Principal Business			City	State	Zip
63 Centerville R	Road		Warwick	RI	02886
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401-732-6167		RHODE ISLAND			7880
7. Brief Description of the Character					
Office Furniture			TO TEST STATE OF THE STATE OF T	CERNOLOGICA CONTRACTOR	o Petrophy ** ** 東京電影の機能性 ************************************
8. NAMES AND ADDRES President Name	2F2 OF THE OFFIC	ERS ("X" BOX FOR ATTACHI	Vice President Name	BEFORE USING ATTA	CHMENTS
Christopher J. D)iSpirito		MaryAnn DiS	nirito	
Street Address	10011100		Street Address	DILITO	· · · · · · · · · · · · · · · · · · ·
27 Rawlinson Dri	.ve		27 Rawlinson	n Drive	
City	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816
Secretary Name		.,	Treasurer Name		
John P. D	iSpirito		MaryAnn DiS _l	pirito	
Street Address			Street Address 27 Rawlinson	n Darieso	
City	ry Street	Zip	City Z/ Rawlinson		71.
Pawtucket		02863	Coventry	State RI	^{Zip} 02816
9. NAMES AND ADDRESS	SES OF THE DIREC	TORS ("X" BOX FOR ATTAC			
Director Name		i a i i i i i i i i i i i i i i i i i i	Director Name	وَ وَ رَبِي مِنْ مِنْ وَمِنْ وَمِنْ فَعَلَا مِنْ مُنْ الْمِنْ فَعَلَا مِنْ مِنْ مِنْ مِنْ مِنْ مِنْ ف	
Christopher J. D	iSpirito		: 		
Street Address			Street Address		
27 Rawlinson Dri	State	Zip	٠		
Coventry	RI	02816	City	State	Zip
Director Name		* = 1	Director Name		
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		:			
City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZED	(*X* BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMENT	
AUTHORIZED SHARES Number of Shares	Class/Series	Des Italia	ISSUED SHARES		
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2,000 SHS COMM NO	PAR VAL		100	Common	Ma Dan
			100	Common	No Par
his report must be signe	d in ink by sither	the President Vice P-	sident Coester A.	ner Carrent Comment	
his report must be signe	will ill by citilei	the riestuent, vice Pre	sident, secretary, Assis	stant Secretary, Ireast	irer, Receiver or Trustee



File Date:	5-26-99	
Check No.:	1092	
By:	AMF	
FOR SECRETA	RY OF STATE USE ONLY	***

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signaffye of Officer A Date

Print for Type Name of Officer

Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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1. Corpor	rate ID No.	2. Name of Corpor	ation	•		
	73402	C-N-J Insta	illers, Inc.			
3. Street	Address Principal Busines	**		City	State	Zip
4. Busine	63 Centerv	ille Road	5. State of Incorporation	Warwick	RI	02886 6. SIC Code
7. Brief D	401-732-61 Description of the Charact	67 er of Business Conducted	RHODE ISLAN	D		7 880
8. NAM	MES AND ADDRE	niture Instal SSES OF THE OFF	lation ICERS ("X" BOX FOR ATTACK	HMENT) Vice President Name		
	Christophe	r J. DiSpirit	·O	MaryAnn DiS	nirito	
Street Add		· O. DIDPILL		Street Address	brereo	
	27 Rawlins	on Drive		27 Rawlinson	n Drive	
City	•	State	Zip	City	State	Zip
	Coventry	RI	02816	Coventry	RI	02816
Secretary .	Name			Treasurer Name	17	02010
	John P. H	DiSpirito		MaryAnn DiS	pirito	
	iress			Street Address		5 7 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Street Add						
Į.	63 Woodbi	ury Street		27 Rawlinson	n Drive	
Street Add	63 Woodbi	ury Street	Zip	City	State	Zip
(Çity	Pawtucket	t RI	02861	city Coventry		^{Zip} 02816
City	Pawtucket	t RI		Coventry (CHMENT)	State	·
(Çity	Pawtucke IES AND ADDRES	RI SSES OF THE DIRI	02861 CTORS ("X" BOX FOR ATTA	city Coventry	State	·
City 9. NAM Director N	Pawtuckes MES AND ADDRES Jame Christophes	t RI	02861 CTORS ("X" BOX FOR ATTA	Coventry CHMENT) Director Name	State	·
City	Pawtuckes MES AND ADDRES Jame Christophes	RI SSES OF THE DIRI J. DiSpirit	02861 CTORS ("X" BOX FOR ATTA	Coventry (CHMENT)	State	·
City 9. NAM Director N	Pawtucket MES AND ADDRES Jame Christopher Jess	RI SSES OF THE DIRI J. DiSpirit	02861 CTORS ("X" BOX FOR ATTA	Coventry CHMENT) Director Name	State	·
City 9. NAM Director N Street Add	Pawtucke MES AND ADDRES Jame Christophen 1855 27 Rawlinso Coventry	RI SSES OF THE DIRI J. DiSpirit on Drive State	02861 ECTORS ("X" BOX FOR ATTA O	City COVENTRY CHMENT) Director Name Street Address	State RI	02816
9. NAM Director N Street Add	Pawtucke MES AND ADDRES Jame Christopher 27 Rawlins Coventry	RI SSES OF THE DIRI J. DiSpirit on Drive State	02861 ECTORS ("X" BOX FOR ATTA O	City COVENTRY CHMENT) Director Name Street Address City	State RI	02816
Qity 9. NAM Director N Street Add City Director N	Pawtucke MES AND ADDRES Jame Christopher 27 Rawlins Coventry	RI SSES OF THE DIRI J. DiSpirit on Drive State	02861 ECTORS ("X" BOX FOR ATTA O	City COVENTRY CHMENT) Director Name Street Address City Director Name	State RI	02816
9. NAM Director N Street Add City Director N Street Addi City City City 10. SHA	Pawtucke MES AND ADDRES Jame Christopher 27 Rawlins Coventry Jame Jess RES AUTHORIZE	RI SSES OF THE DIRI J. DiSpirit on Drive State RI	02861 ECTORS ("X" BOX FOR ATTA O Zip 02816 Zip	City COVENTRY CHMENT) Director Name Street Address City Director Name Street Address	State RI State	O2816 Zip
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9. NAM Director N Street Add City Director N Street Addi City City City 10. SHA	Pawtucke MES AND ADDRES Jame Christopher 27 Rawlins Coventry ame ress RES AUTHORIZE D SHARES	RI SSES OF THE DIRI J. DiSpirit On Drive State RI State	02861 ECTORS ("X" BOX FOR ATTA O Zip 02816 Zip	City COVENTRY (CHMENT) Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (**	State RI State	O2816 Zip

his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2/20 Check No.: 2474		* 7 3 4 0 2 *	
Check No.: 2474	le Date:	2/20	
() ()	reck No.:	2474	
By:			

Under penalty of perjury, I		
this report, including any a	ccompanying schedul	es and statements, and
that all statements containe	ed hergin are true and	correct. / / _
Ma bu de	Spurto	2/17/98
Signature of Officer		Date (
	nn DiSpirit	0
Print or Type Name of Officer	rdest	
Title of Officer		



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation C-N-J Installers, Inc. 73402 3. Street Address Principal Business Office 24 Lockhart Avenue Warwick RI 6. SIC Code 02886 5. State of Incorporation RHODE ISLAND (401)732-6167 7. Brief Description of the Character of Business Conducted in Rhode Island 8888 Office Furniture Installation 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) President Name Vice President Name Christopher J. DiSpirito MaryAnn DiSpirito 27 Rawlinson Drive 27 Rawlinson Drive State Zip Coventry RI 02816 Coventry Treasurer Name RI. 02816 Secretary Name John P. DiSpirito Chrisopher J. DiSpirito 63 Woodbury Street 27 Rawlinson Drive Pawtucket RΙ 02860 Coventry 02816 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Christopher J. Dispirito Street Address Street Address 27 Rawlinson Drive Zip City Coventry R T⊜ 02816 Director Name Director Name Street Address Street Address State 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 2,000 SHS COMM NO PAR VAL 100 common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct)

Ma May of Amarta

Print or Type Name of Officer

Vice President
Title of Officer

PROFII CORPORATION **ANNUAL REPORT**

1996



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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Pres	Sidelli, VICE FIESIGE	iii, Secretary, Assist	ant Secretary, Treasurer, I	Heceiver or Truste	

Check No: 1253

Mary Ann Dispirito
Print or Type Name of Officer

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained berein are true and correct.

Vice President
Title of Officer

Signature of Officer

1-30-96

Date

DETACH ROTTOM REFORE RETURNING

State of Rhode Island and Providence Plantations



Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	3402 	. An	nual Report for	the vear:	1995		
Name of Corporation:	C-N-J Installer		1	,		***	
Business entity organized under	the laws of the State of: R1 elephone number of principal office:		Business Entity [X] Business ([] Profession	Corporation -	ne): (See RIGL Chapt orporation (See I	er 7-1.1) RIGL Chapter	r 7-5.1)
Phone: (1) Address and telephone of the properties of the properti	incipal office of business entity in Rho Not P.O. Hox): TUPNIX 02886		Brief statement	of the chara	cter of business c	onducted in F Tall atri	thode Island:
	THE NAM	IES OF THE	OFFICERS AF)F.			
PRESIDENT (NISTOPHE) VIGE PRESIDENT (1)	J Di Spirito	STREET ADDRESS	w linson	Dr	CAVE ITY	101.	ZIP CODE
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N FACE NOTE YOU	DESIGNATED REGISTE	RED AGENT	FOR SERVIC	E OF PRO	CESS:		

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

RICHARD O. LESSARD 9 LOCUST TERRACE WARREN RI 02885

Filing Fee \$50.00 Payable to: Secretary of State

Corporate ID:

0073402

PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

1994

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Annual Report for the year: _

Name of Business Entity:	C-N-J Installers, Inc.
Business entity organized under the laws of the State of:	Business Entity is (check one):
Federal Taxpayer Identification Number	[X] Business Corporation (See RIGL Chapter 7-1.1)
For foreign entity, address and telephone number of principal office:	[] Professional Service Corporation (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16)
	Name, title and mailing address of contact person to whom
	Communications may be directed. Soluto Resident
	- 27 habitinson Dive
Phone: ()	(loverty, K1.02816
Address and telephone of the principal office of business entity in Rh Island (Provide street address - Not P.O. Box): 27 NAWINSON DIVE COVERTY O2816	Brief statement of the character of business conducted in Rhode Island: Office fuent to the character of business conducted in Rhode Island: Note fuent to the character of business conducted in Rhode Island:
	Date of Organization: 1-28 - 1993
Phone: (49) 821-6030	Date of Qualification to do business in Rhode Island (if foreign entity):
CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check Ogs)	MES OF THE OFFICERS ARE: STREET/ADDRES9 CITY/STATE ZIP CODE
Chistophe T. Di Souto	27 HAWlinson Dr Coverty C/ 028/6
Macy Ann Di Spirito	37 GAWINSON DE CONTUSTATE (DE 16
CUSTODIAN OF RECORDS OR SECRETARY (Check Only)	STREET ADDRESS 21 HAWLINSON DC COLO. L 11 11 81 10
CHIEF FINANCIAL OFFICER OR THEASURE (Check One)	STREET FORREST DE CHISTATU ZIPCODE 2) MAWLINSN DE CHISTATU 128/16
NAME OO THE NAME	ES OF THE DIRECTORS ARE:
Christopher J. D. Spirite	STREET ADDRESS CITY/STATE ZIP CODE STREET ADDRESS CITY/STATE ZIP CODE STREET ADDRESS CITY/STATE ZIP CODE
NAME	STREET ADDRESS CITY/STATE ZIP CODE
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om 31 1/94 By W.3/5 (2034)	
	R RESIDENT AGENT FOR SERVICE OF PROCESS:
ELEAGE NOTE: If the Corporation has changed its registered office	and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

State of Rhode Island and Providence Plantations

Office of The Secretary of State
100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

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ALL ENTRIES MUST BE COMPLETED IN FULL OR T	THE FORM WILL BE RETURNED.
Corporate ID:	Annual Report for the year:
Name of Corporation: Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal office:	
Phone: () Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): 34 30CKNGT / WINK WICK / O2886	
Phone: (401) 132-6/67	
THE NAMES O	F THE OFFICERS ARE:
PRESIDENT (NISTOPHE DIGHT) VICE PHESIDENT VICE PHESIDENT VICE PHESIDENT (NISTOPHY J. D. Spirito STREE STREE STREE (NISTOPHY J. D. Spirito THE NAMES OF STREE STREE 15 TOPHY J. D. Spirito THE NAMES OF STREE STREE NAME STREE STREE	ET ADDRESS CITY/STATE CITY/S
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Date	Max an Di Spirito PRINTE STREET OF OFFICER SIGNING
DESIGNATED REGISTERED A	AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

RICHARD O. LESSARD 9 LOCUST TERRACE WARREN RI 02885